



City of Canton

Fair Housing

424 Market Ave. N. Canton, Ohio 44702

Phone: 330-438-4704 Fax: 330-489-3368

VACANT FORECLOSURE

Property Registration

(A separate registration is required for each property)

☐ NEW ☐ RENEWAL ☐ UPDATE ☐ Residential ☐ Commercial ☐ Industrial

PROPERTY ADDRESS: _____ NUMBER OF UNITS _____

PROPERTY DESCRIPTION: _____

PROPERTY MANAGEMENT COMPANY INFORMATION:

CONTACT NAME: _____ PHONE: _____

CONTACT ADDRESS (NO PO BOX) : _____

CITY: _____ STATE: _____ ZIP: _____

24-HOUR CONTACT TELEPHONE, CELLULAR PHONE OR PAGER NUMBER: _____

USE ABOVE CONTACT FOR REGISTRATION INSPECTION? **YES** **NO** (If no, provide name and phone below)

NAME: _____ PHONE: _____

OWNER/AGENT INFORMATION:

PROPERTY OWNER OR FORECLOSING INSTITUTION : _____

CONTACT NAME: _____ PHONE: _____

ADDRESS (NO PO BOX): _____

CITY: _____ STATE: _____ ZIP: _____

VACANT PROPERTY REGISTRY FEE: \$125.00 Per Year/Per Structure (1353.04)

MAKE CHECKS PAYABLE TO THE CITY OF CANTON Sign and

mail this form with payment to:

City of Canton Fair Housing 424 Market Ave N 3rd Floor Canton, OH 44702

IN ACCORDANCE WITH THE CITY OF CANTON'S "FORECLOSED PROPERTIES AND BUILDINGS" ORDINANCE, BY SIGNING BELOW YOU:

- **CERTIFY** that the information provided above is accurate, and **AGREE** to notify the **Code Official** of any updates.
- **AGREE** to pay a fee of \$125 at the time of registration/renewal. **AGREE** that the Property Registration is valid for a period not to exceed one year from the date of initial registration, and **AGREE** to renew the Property Registration within 30 days of expiration. Once the property is no longer vacant or is sold, you **AGREE** to provide proof of sale or written notice, or proof of occupancy to the **FAIR HOUSING DEPT.**
- **CERTIFY** that the property has been inspected by the **Owner/Agent** at the time of filing the Property Registration.
- **AGREE** to maintain a **local individual or local property management company** responsible for securing and maintaining the property.
- **AGREE** to post and maintain updated named and 24-hour contact phone number of the local individual or local property management company **on the front of the property, so it is clearly visible from the street.**
- **AGREE** that the owner, local individual, or local property management company **shall inspect and maintain the property on a weekly basis** for the duration of the vacancy, in accordance with the City of Canton codes.
- **AGREE** that once the property is registered it will be inspected by a Code Official or designee.
- **AGREE** that adherence to this ordinance **does not relieve the owner of any applicable obligations** set forth in the City ordinances or regulations, Covenant Conditions and Restrictions, and/or Home Owners Association rules and regulations.

APPLICANT SIGNATURE

APPLICANT PRINTED NAME

DATE

OFFICE USE ONLY

Parcel # _____

Date Entered into Database: _____

☐ Payment Rec'd Payment Date: _____ Payment Method: _____ Check # _____

☐ Inspection Date: _____ Inspector: _____